

Coliciotti Andrea

Town

County

MARYLAND

Died at

Principis

Basil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

July

14

Age

28

?

Italy

Labour

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Rosa Andrea

Father's

Mother's

Name

Andrea Andrea

Maiden Name

Don't know

Cause of

Primary

Smothered by falling earth

How long sick

Death

Immediate

Accident, Suicide, ~~Homicide~~

Reported by

Ricketta Nelson, Coroner

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Adeline Berry

## CERTIFICATE OF DEATH

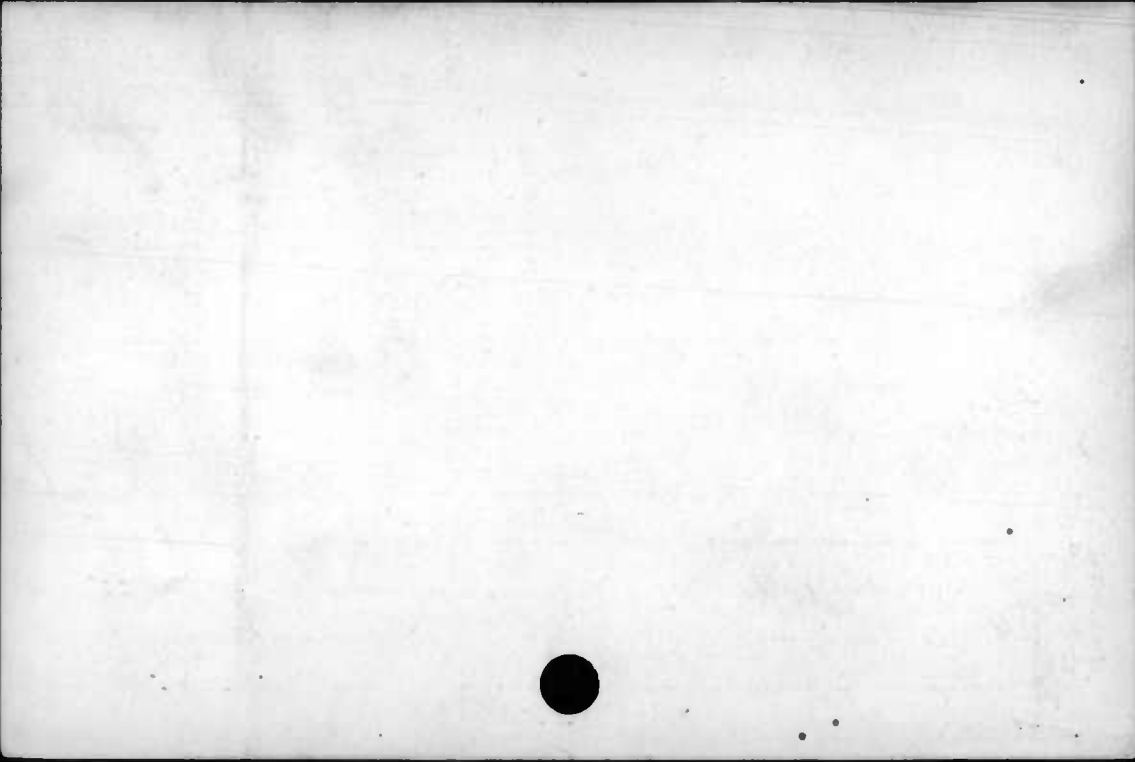
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Conowingo</i>		Town		<i>Cecie</i>		County	
Date of death <i>1905</i>		Month <i>7</i>		Day <i>23</i>		Age <i>85</i>	
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Conowingo</i>		Maryland	
Occupation <i>H. Work</i>				Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jno Berry</i>					
Father's Name <i>George Broddy</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Susan M.C. Cue</i>				Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>Benjamin Brown</i>				How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long <i>3 days</i>
Immediate <i>Paralysis Heart</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. M. Ragan</i>
	Address <i>Conowingo Md</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

Raymond E. Brown

## CERTIFICATE OF DEATH

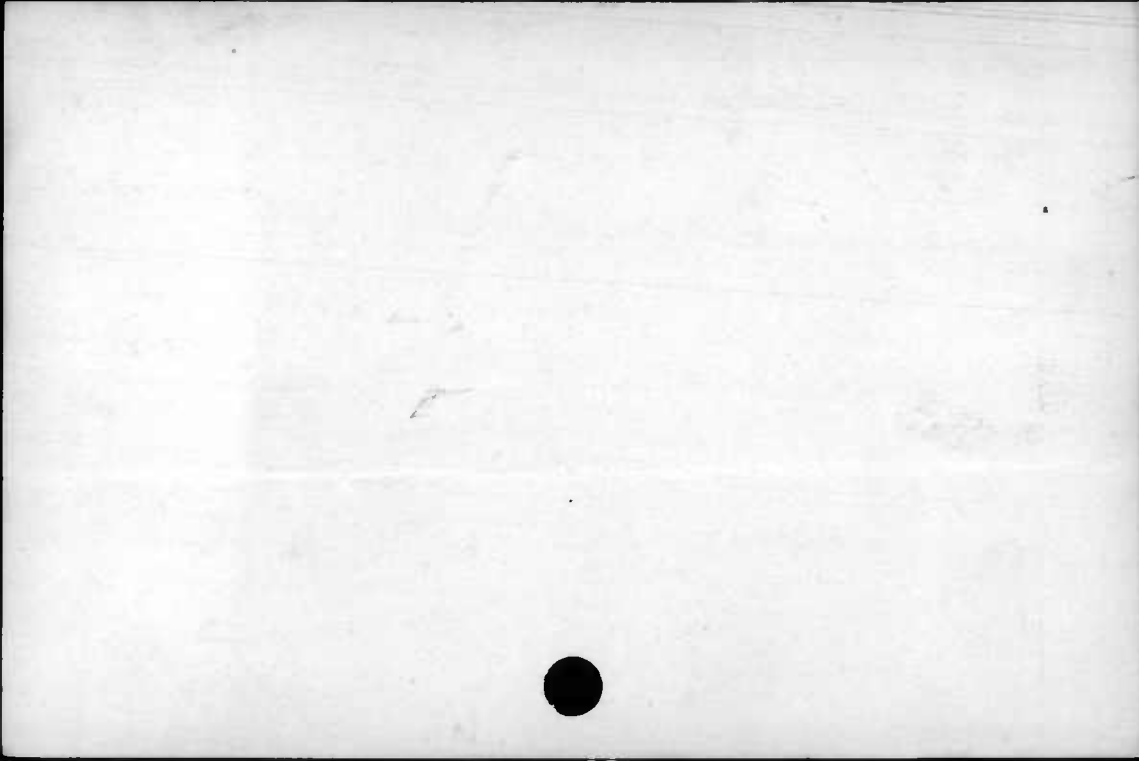
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Conowingo</i>		Town <i>Conowingo</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>14</i>	Age <i>14</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Roundville</i>				
Occupation <i>School boy</i>	Where Residing if not at place of death <i>near Conowingo</i>						
<del>Married</del> , Single <del>or Widowed</del>	Name of Wife or Husband						
Father's Name <i>William Bodey</i>	Father's Birthplace <i>Conowingo</i>						
Mother's Maiden Name <i>Mary Jane Brown</i>	Mother's Birthplace <i>Conowingo</i>						
Name of person giving information <i>Margaret Dorsey</i>	How related to deceased <i>Aunt</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Richard A. Nelson</i>
	Address <i>Corona Cecil Co. Eleton, Md.</i>
Accident <del>or Suicide</del> ? <i>Accident</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wilmina M. Brown</i>		Town <i>Near Earleville Md</i>		County <i>Cecil Co.</i>		MARYLAND	
Died at <i>Near Earleville Md</i>		Month <i>7</i>		Day <i>29</i>		Years <i>39</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Near Earleville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James A Brown</i>					
Father's Name <i>James H Robinson</i>		Father's Birthplace <i>Cecil Co Md</i>					
Mother's Maiden Name <i>Judith Hustell</i>		Mother's Birthplace <i>Cecil Co Md</i>					
Name of person giving information <i>James A Brown</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>		How long <i>Close to 3 years</i>	
Immediate <i>Mania</i>		How long <i>2 1/2 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. M. Bradford</i>	
		Address <i>Cecil Co</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Eliza Burroughs -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Perryville		Cecil		MARYLAND	
Date of death 1904		Month	Day	Age	Years	Months	Days
July		4	70				
Sex	Female	Color or Race	White	Birth-place	Perryville		
Married, Single or Widowed	Married			Occupation			
Name of Wife or Husband	Harriet Burroughs -						
Father's Name	John H. Y. Ryan				Father's Birthplace	Perryville	
Mother's Maiden Name	Elizabeth Cornakow				Mother's Birthplace	Perryville	
Name of person giving information	Louie				How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer -	How long	45	✓	Two Years
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. M. Stump		
		Address	Perryville		
Accident or Suicide?			Sent to Maryland		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>William Mackey Bye 4 Dist</b>		Town <b>Fair Hill</b>		County <b>Cecil</b>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<b>1905 July 14</b>		<b>7</b>		<b>3</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth- place <b>Cecil Co. Mo</b>			
Occupation <b>1</b>				Where Residing if not at place of death			
Married, Single or Widowed <b>1</b>				Name of Wife or Husband			
Father's Name <b>Samuel G. Bye</b>				Father's Birthplace <b>Cecil Co. Mo</b>			
Mother's Maiden Name <b>Ada E. Mackey</b>				Mother's Birthplace <b>Penna</b>			
Name of person giving In formation <b>Dr. Mackey</b>				How related to deceased <b>Uncle</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Pertussis</b>	How long	<b>one month</b>
Immediate	<b>Cerebral meningitis</b>	How long	<b>a few hours</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<b>David Mackey</b>
<b>Yes</b>		Address	<b>Lewisville Pa</b>
Accident or Suicide?			<b>N</b>

Lt 1

Name  
in  
Full

Wm A Crewell

## CERTIFICATE OF DEATH

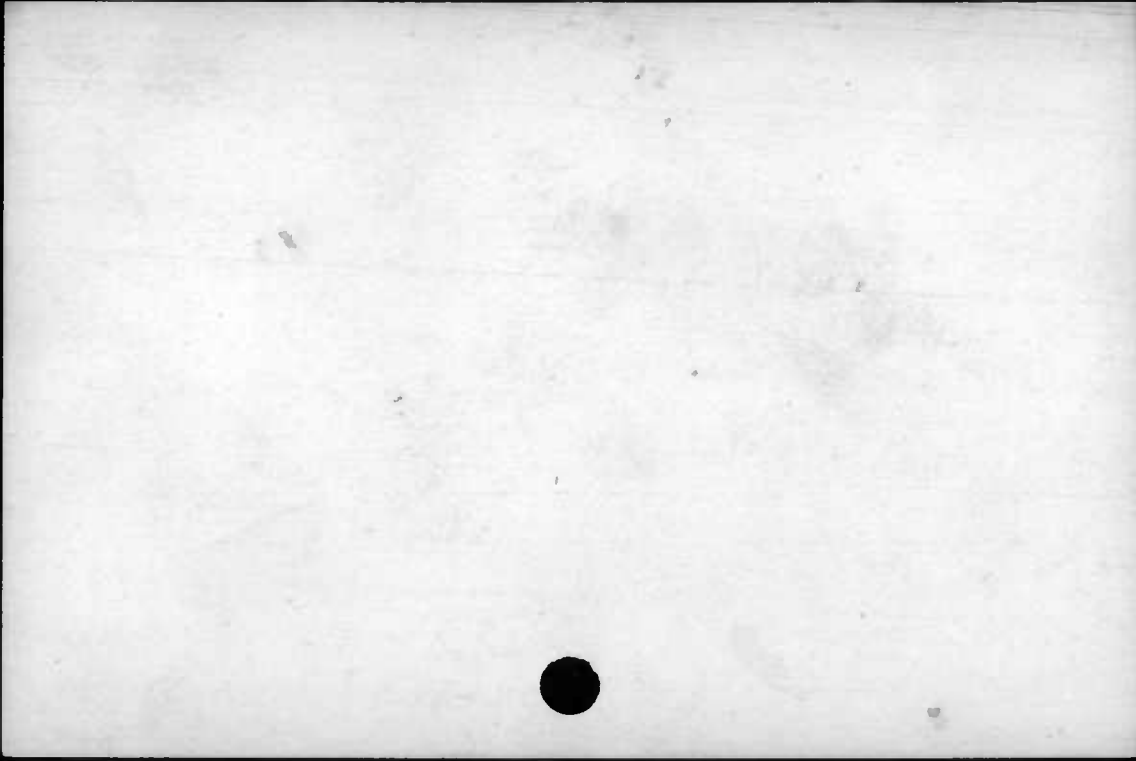
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pat-Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>5</i>	Age <i>81</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Georganna Crewell</i>				
Father's Name <i>Wm Crewell</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Mary A Keen</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Georganna Crewell</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>1 year</i>
Immediate <i>Heart Asthma</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Channon</i>
	Address <i>Pat Deposit</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

William Earns

CERTIFICATE OF DEATH

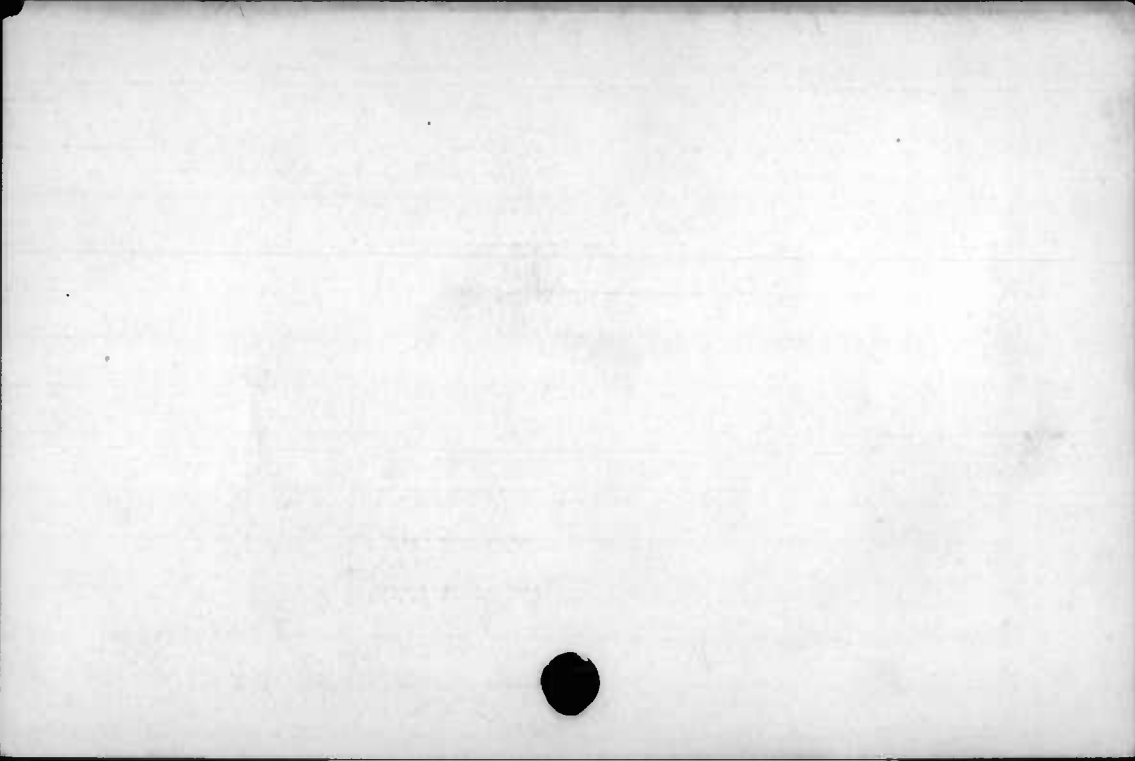
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherry Hill</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>July</i>	Day <i>19</i>	Age <i>35</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N. C., America</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Cherry Hill Asylum</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Do not know</i>	Father's Birthplace				
Mother's Maiden Name <i>"</i>	Mother's Birthplace				
Name of person giving information <i>Geo. Monney</i>	How related to deceased <i>Not related</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epileptic Insanity &amp; Valvular heart disease</i>	How long <i>25 years.</i>
Immediate <i>Valvular heart disease</i>	How long <i>2 years.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. F. Miller</i>
	Address <i>North East, Md.</i>
Accident or Suicide?	<input checked="" type="checkbox"/>





Name  
in  
Full

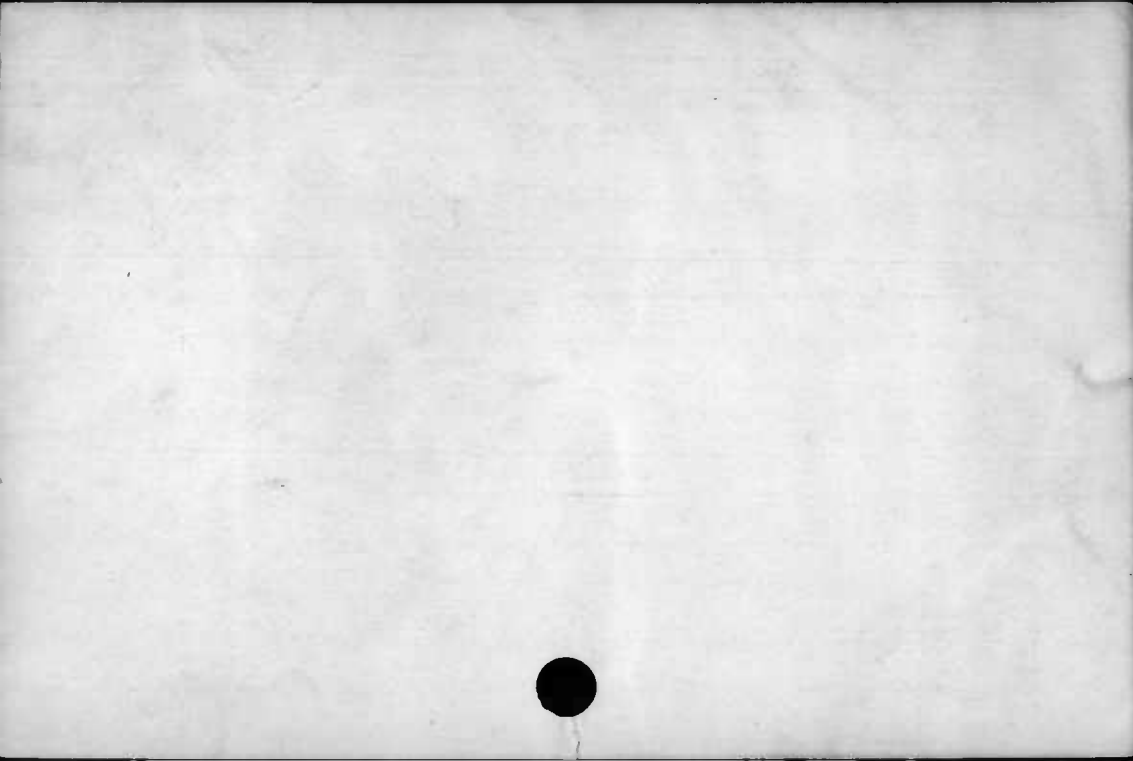
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkton</i> Town		<i>bees</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>20</i>	Age <i>74</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Med</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Feehly</i>				
Father's Name <i>John Feehly</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Wm Feehly</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

Primary <i>Arterio-sclerosis</i> <i>interstitial nephritis</i>	<i>120</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>		How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Howard Brannon</i>	Address <i>Elkton Md</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

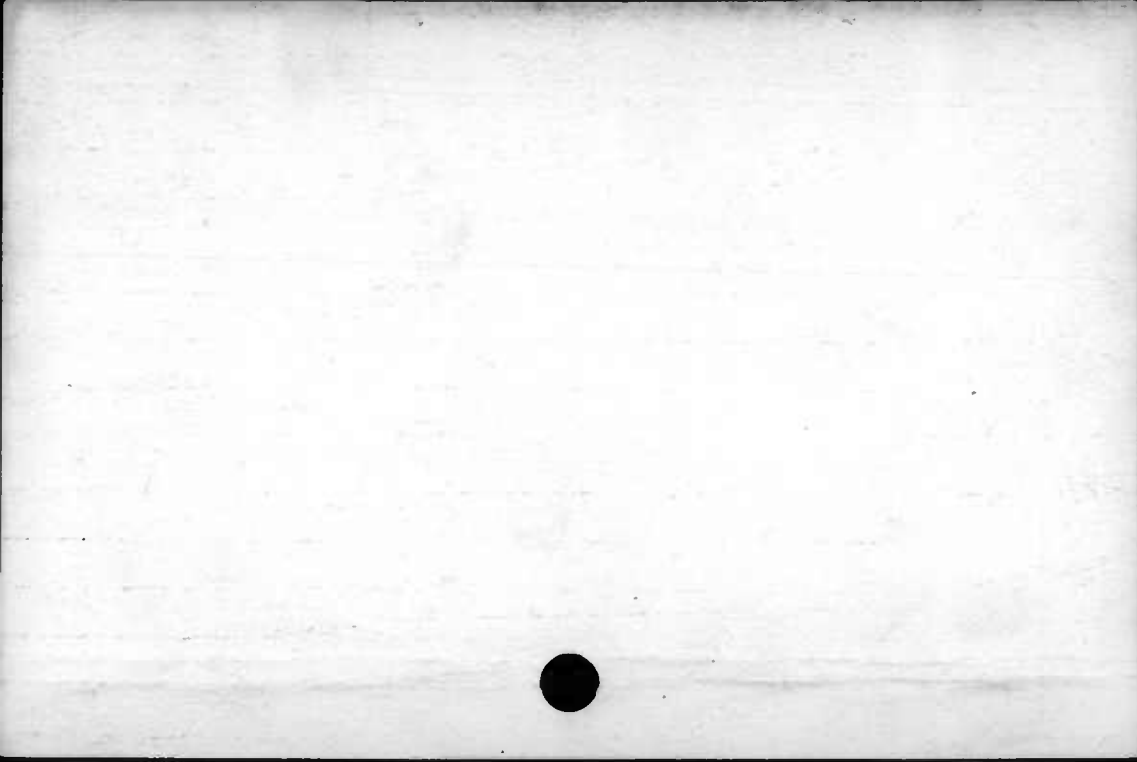
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henry Ferguson.</i>		Town <i>North East</i>		County <i>Sevier</i>		MARYLAND	
Died at <i>North East</i>		Month <i>July</i>		Day <i>14</i>		Age <i>4</i>	
Date of death <i>1905</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>North East</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Henry Ferguson</i>				Father's Birthplace <i>Montgomery Co</i>			
Mother's Maiden Name <i>Rachel Ann. G. Shimmy</i>				Mother's Birthplace <i>Elk Neck</i>			
Name of person giving Information <i>E. Shallcross</i>				How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infantile diarrhoea</i>	How long
Immediate	<i>105</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Theo H. Varrall</i>
		Address <i>North East Md</i>
Accident or Suicide?		



Name  
in  
Full

Frank Hammond

## CERTIFICATE OF DEATH

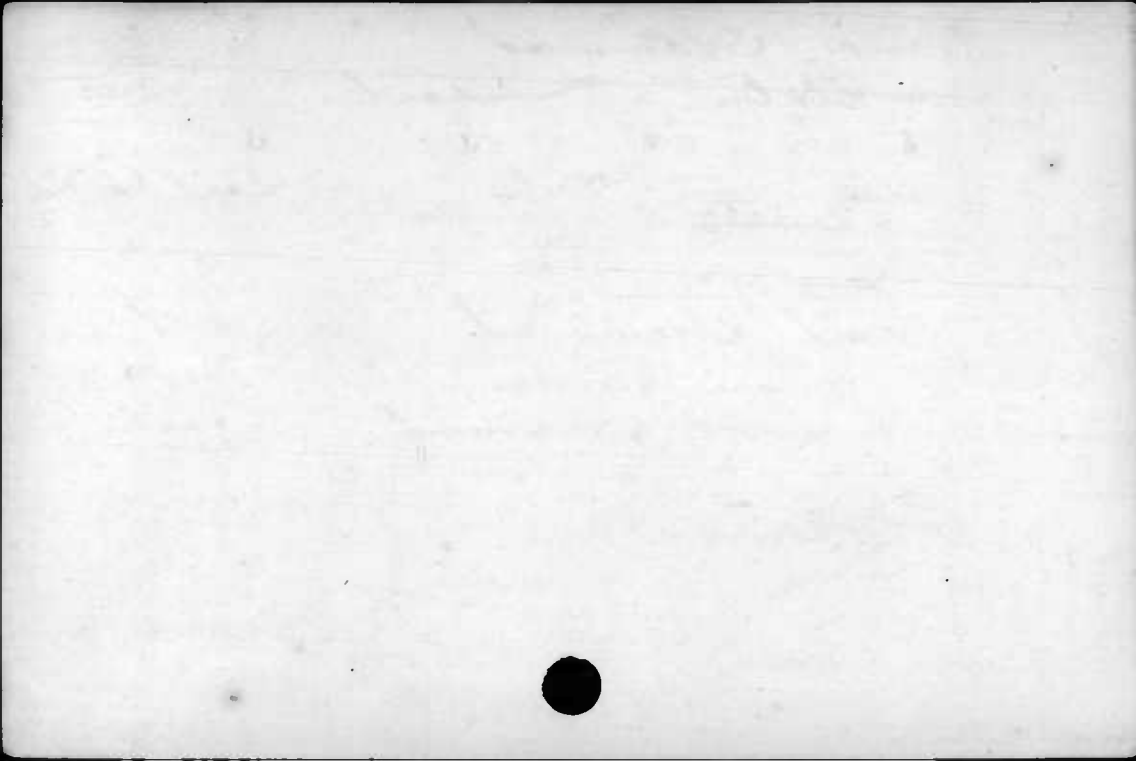
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Elcton		County Cecil		MARYLAND			
Date of death	1905	Month July	Day 26	Age 15	Months 5	Days	
Sex	male		Color or Race	white		Birth-place	Cecil Co. md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Saml. Hammond				Father's Birthplace	Del	
Mother's Maiden Name	Susan Corridan				Mother's Birthplace	Del	
Name of person giving information	Saml. Hammond				How related to deceased	father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tetanus		How long	48 hours.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Wm. D. Hawley
			Address	Elcton md.
Accident or Suicide?				



Name  
in  
Full

Martha Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Elkton</i>		County <i>Beebe</i>		MARYLAND	
Date of death	1905	Month <i>July</i>	Day <i>21</i>	Age <i>58</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Del</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of <del>wife</del> or Husband <i>Stephen Hammond</i>					
Father's Name <i>Isaac Boyer</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Dyer-Know</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Stephen Hammond</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bright Dis.</i>	How long <i>3 wks.</i>
Immediate <i>convulsions (urine)</i>	How long <i>2 yrs.</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>Geo H Janner</i>	
Address <i>815 E. M. —</i>	
Accident or Suicide?	





Name  
in  
Full

Evan Hargan

## CERTIFICATE OF DEATH

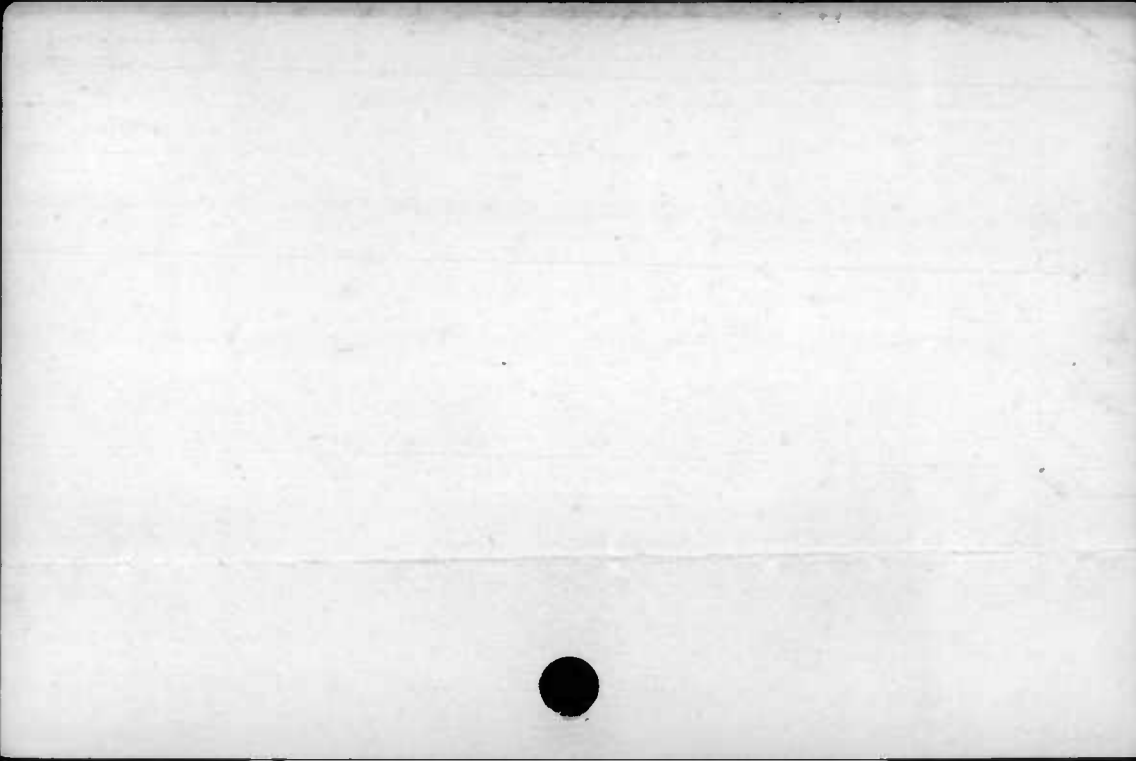
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Perry Hills		County Baltimore		MARYLAND	
Date of death 1905		Month 7	Day 12	Age 23		Years	Months Days
Sex Male		Color or Race White		Birth- place Red			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Chris Hargan				Father's Birthplace	
Mother's Maiden Name		Fannie Boulder				Mother's Birthplace	
Name of person giving In formation		Harry Hargan				How related to deceased	
		Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	3 wks.
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		W. H. H. H. H. H.
Address		newark
Accident or Suicide?		Red



Name  
in  
Full

George Clarke Heath

## CERTIFICATE OF DEATH

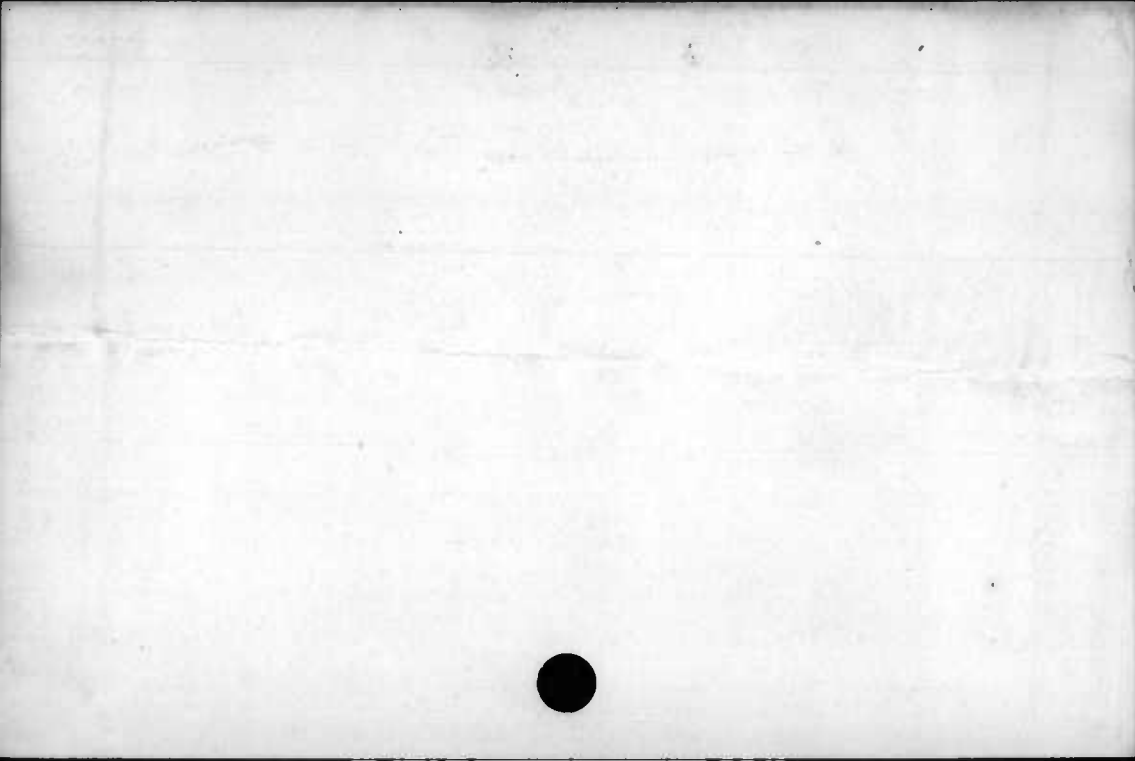
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Eliz Mills		County Cecil		MARYLAND	
Date of death		Month July	Day 21	Age	Years —	Months 8	Days 4
Sex Male		Color or Race White		Birth- place Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Thomas Heath				Father's Birthplace Md			
Mother's Maiden Name Rachel Clark				Mother's Birthplace Md			
Name of person giving In formation Rachel Heath				How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enter - Colitis	How long	24 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date, and place correctly given above?		Signature of Physician	
yes		O. J. Carrier	
		Address Cherry Hill	
Accident or Suicide?		Md	



Name  
in  
Full

Noah S. Holcomb

## CERTIFICATE OF DEATH

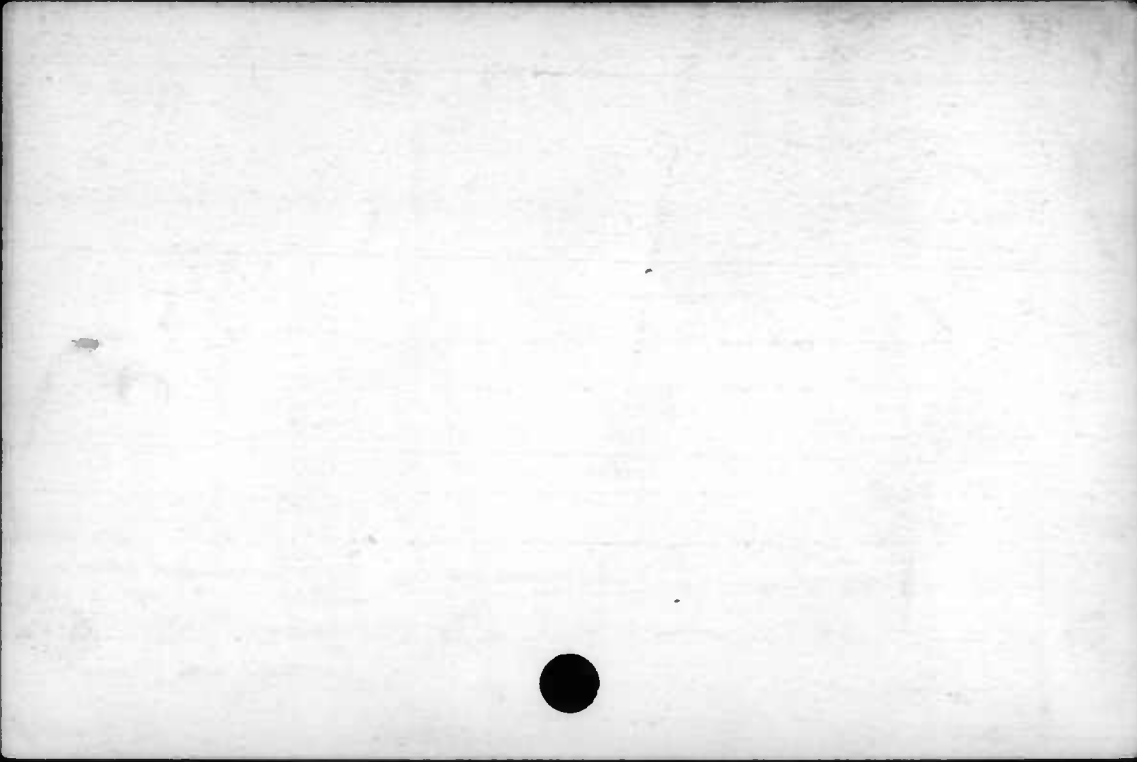
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkton</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <small>Month</small>	<i>9</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>Negro</i>		Birth-place <i>Elkton</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Holcomb</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mollie Wilson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Personal knowledge</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>92</i> <input checked="" type="checkbox"/>	How long
Immediate <i>Catarrhal Pneumonia</i>		How long <i>Several wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell</i>	
	Address <i>Elkton Ind</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

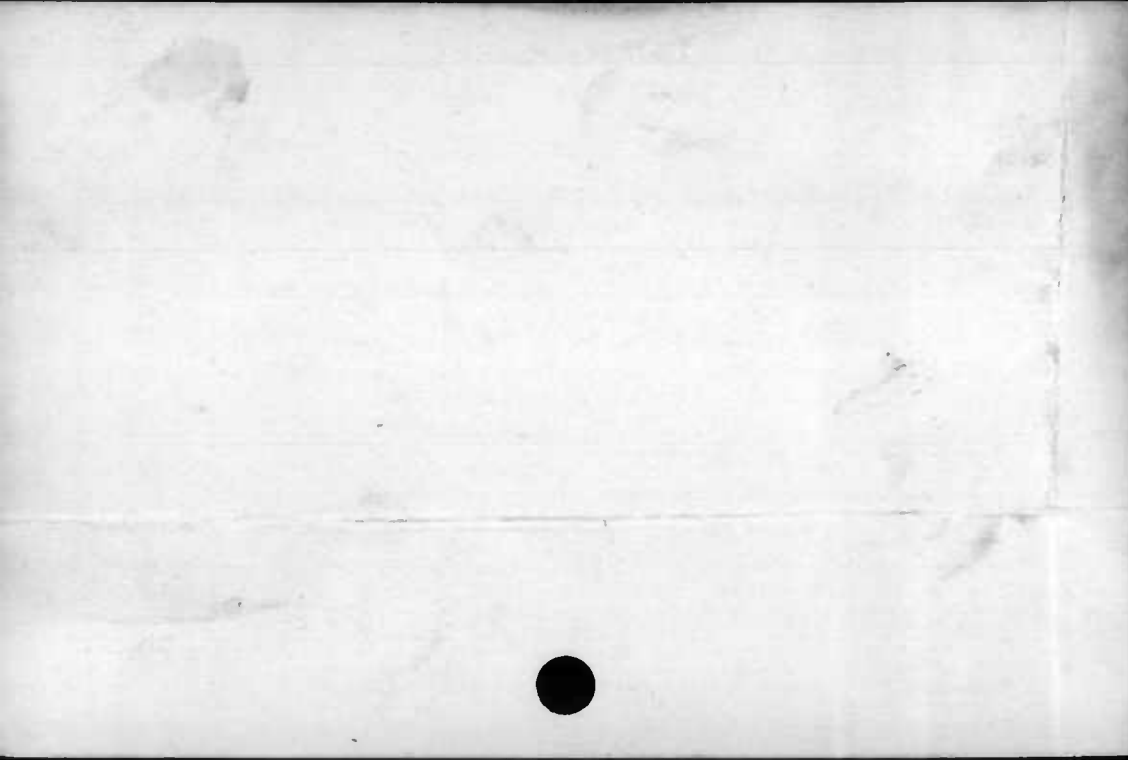
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Salinas</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>7</i>	Day <i>15</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Salinas, Ind.</i>			
Occupation <i>Shoemaking</i>		Where Residing if not at place of death <i>Near Salinas</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Kirk</i>					
Father's Name <i>Job. H. Kirk</i>				Father's Birthplace <i>Near Salinas</i>			
Mother's Maiden Name <i>Leysha Wilson</i>				Mother's Birthplace <i>Near Salinas</i>			
Name of person giving information <i>Anna Kirk</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cataract of Bladder</i>	How long	<i>About ten years</i>
Immediate	<i>Pyelonephritis</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Richardson</i>	
<i>yes</i>		Address <i>Polvack, Ind.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

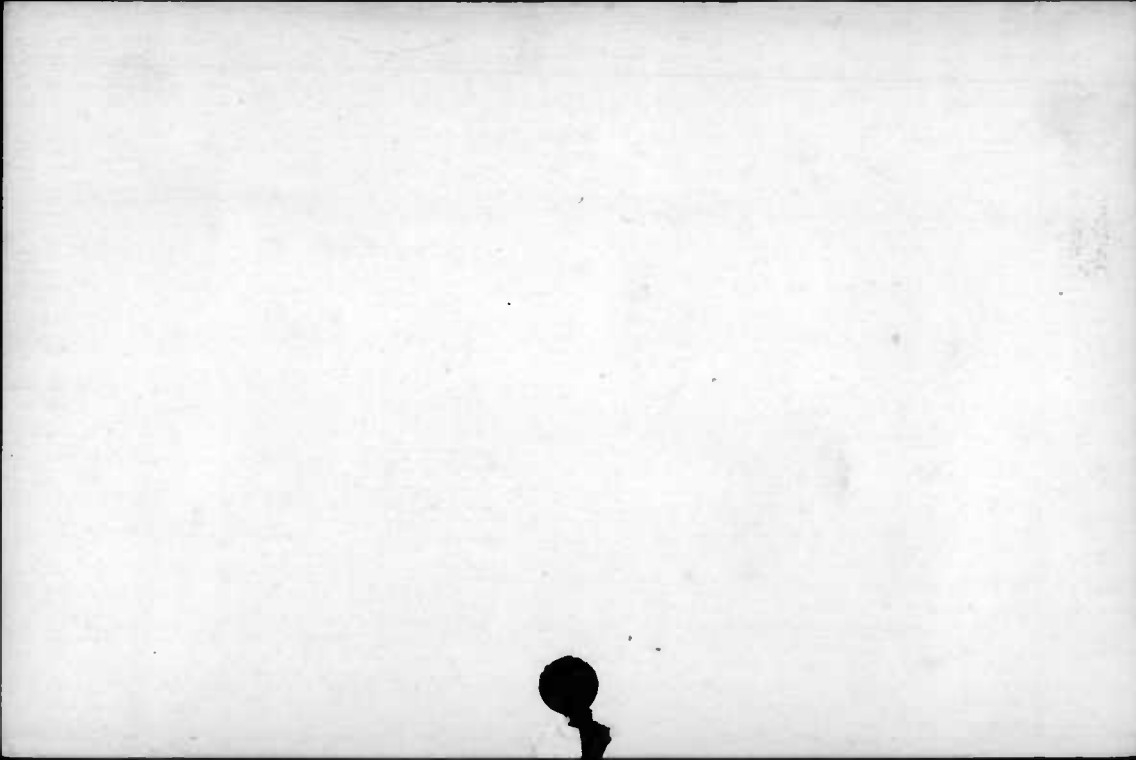
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>5</i>	Age <i>75</i> <sup>Years</sup>	Months <i>4</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ann Knight</i>				
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Ann Knight</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>3 months</i>
Immediate <i>Heart Asthma</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Chumley</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John N. Little				County		MARYLAND						
Died at		Port Deposit		Berrie								
Date of death		190	Month	7	Day	27	Age	70	Years	Months	Days	
Sex		Male		Color or Race		Birth-place		Baltimore				
Occupation				Servant				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				Mary Jane Little				
Father's Name				Henry Little				Father's Birthplace				Chesapeake, Md.
Mother's Maiden Name								Mother's Birthplace				
Name of person giving information				Wishing his Little				How related to deceased				Son

## CAUSES OF DEATH

Primary

Nephritis

How long

Several hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

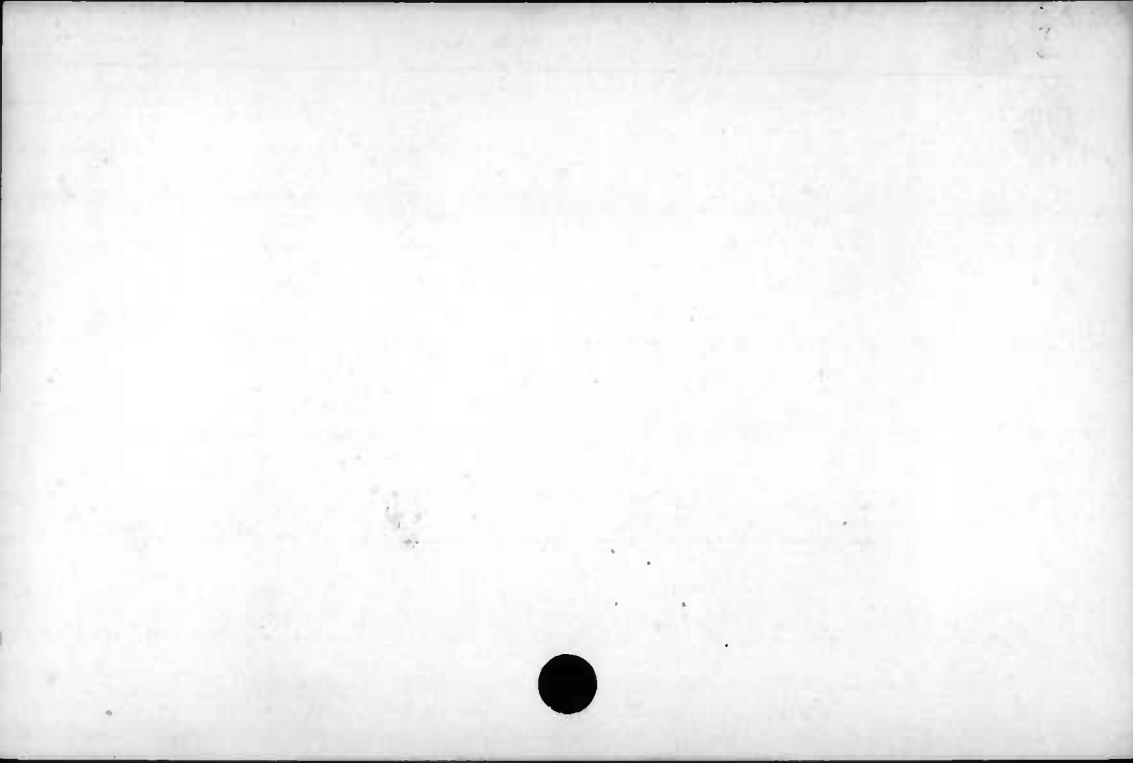
Signature of Physician

Address

J. G. Fisher  
Port Deposit, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



me  
in  
Full

*Evan W. Diamond*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherry Hill</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	<i>87</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Do not know</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Cherry Hill Asylum</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Do not know</i>				
Father's Name <i>Do not know</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>George Money</i>			How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dementia</i>	How long <i>9 months</i>
Immediate <i>Enteritis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Miller</i>
	Address <i>North East, Md.</i>
Accident or Suicide? <i>—</i>	

1574



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

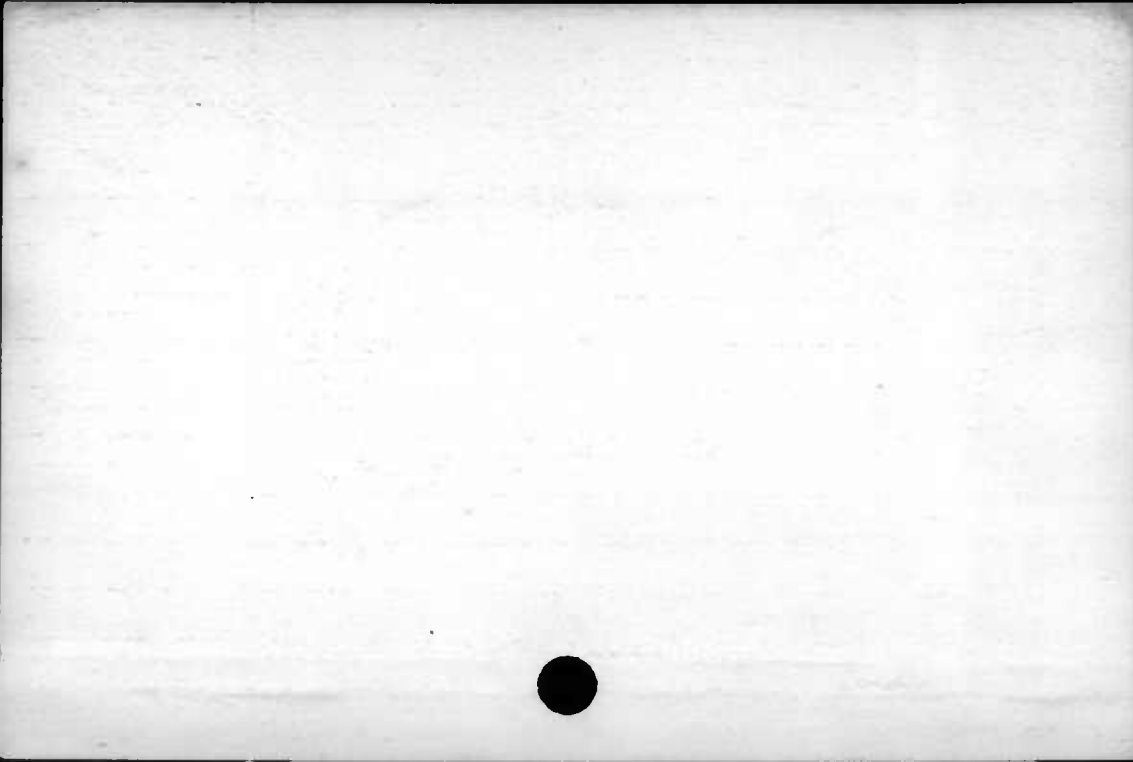
MARYLAND

Died at <i>Emchanies Valley</i>		Town <i>Esecil</i>		County	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>7</i>	Years <i>65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Esecilton</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Joseph F. Milbourne</i>			
Father's Name <i>James Marr</i>		Father's Birthplace <i>dont know</i>			
Mother's Maiden Name <i>Liddy</i>		Mother's Birthplace			
Name of person giving In formation <i>Ida Blansfield</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

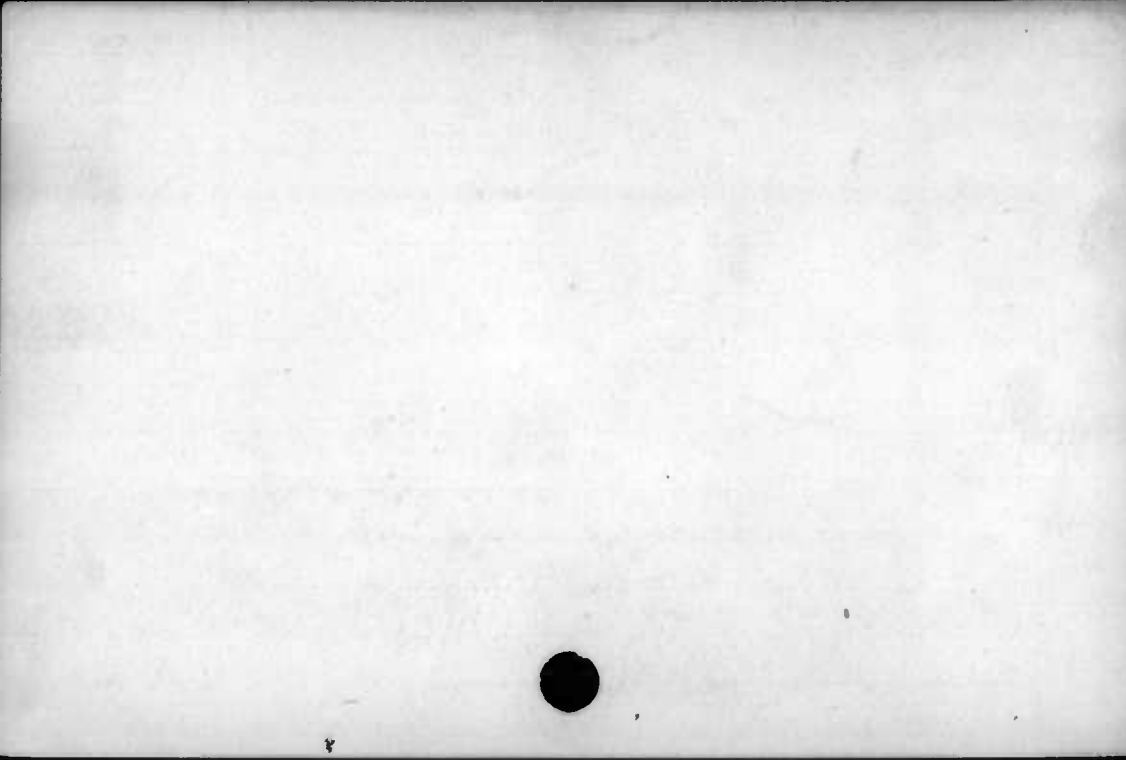
PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>14 yrs</i>
Immediate <i>General Debility</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo S. Rittenhouse</i>
<i>North East</i>	Address <i>md</i>
Accident or Suicide?	





Name in Full		Lloyd Owens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Perryville		County Leecil		MARYLAND
	Date of death		Month 7	Day 10	Years —	Months 6	
	Sex Male		Color or Race White		Birth-place Ind.		
	Occupation —		Where Residing if not at place of death Perryville				
	Married, Single or Widowed —		Name of Wife or Husband —				
	Father's Name Elmore Owens		Father's Birthplace Ind.				
	Mother's Maiden Name Mamie McMullen		Mother's Birthplace Ind.				
	Name of person giving information L. G. Taylor		How related to deceased None				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus		(151)		How long Short
	Immediate		Progressive Cardiac Asthenia				How long Short
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician L. G. Taylor, M.D.		Address Perryville Ind.
	Accident or Suicide?		—				



Name  
in  
Full

Frank Pierce

## CERTIFICATE OF DEATH

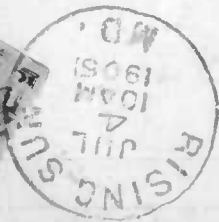
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rising Sun</i>		County <i>Cecil</i>		MARYLAND		
Date of death	1905	Month <i>July</i>	Day <i>12</i>	Age <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rising Sun</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elizabeth Bonnell</i>					
Father's Name <i>William C. Pierce</i>	Father's Birthplace <i>Rising Sun</i>					
Mother's Maiden Name <i>Sarah Rodgers</i>	Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Marshall Pierce</i>	How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis + Typhoid</i>	How long <i>two weeks</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Shier</i>
	Address <i>Rising Sun Md.</i>
Accident or Suicide?	



*Antonio Placser*  
 Town County

Died at

*Perryville*  
 Month Day

*Cecil*  
 Y. M. D.

MARYLAND

Date 19

05

*July*  
 Month Day

Day

*4*  
 Y. M. D.

Age

*27*  
 Married

Native of

*Italy*  
 Widower

Occupation

*Labourer*  
 Divorced

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

*10*

Husband

of

Wife

*Mary Placser*  
 Father's

Name

*Rocco Placser*  
 Mother's

Maiden Name

*May Gabracoma*

Cause of

Primary

How long sick

Death

Immediate

*Falling from train*  
 Accident, ~~Suicide~~, Homicide

*166*

Reported by

*Ricketta Nelson, Coroner*

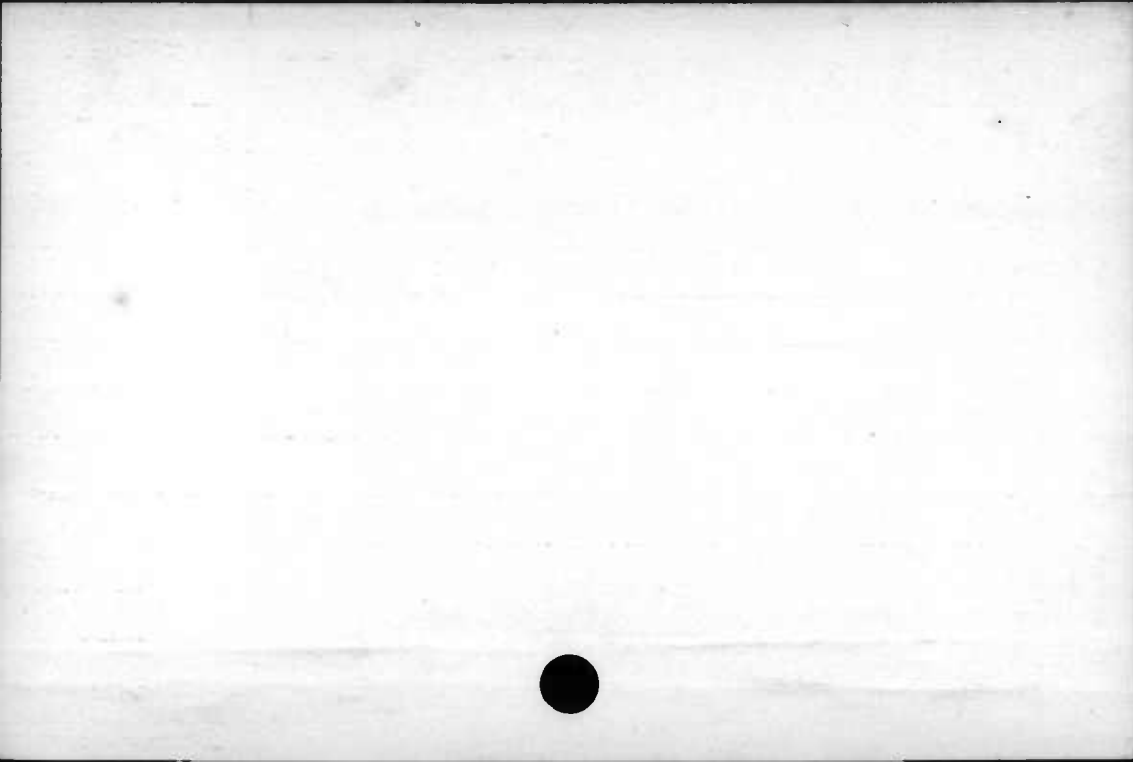
Address

*Elkton, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Bena Robt				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>North East</i> Town			County <i>Cecil</i>			MARYLAND		
		Date of death <i>1905</i>		Month <i>July</i>	Day <i>16</i>	Age <i>1 year</i>		Years	Months	Days
		Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>John M. D.</i>				
		Occupation				Where Residing if not at place of death				
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband						
		Father's Name <i>Adam Robt</i>		Father's Birthplace <i>Virginia</i>		Mother's Maiden Name <i>Anne Trishey</i>		Mother's Birthplace <i>Elk Neck</i>		
		Name of person giving information <i>Adam Robt</i>		How related to deceased <i>Father</i>						
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>typhoid</i>				How long				
		Immediate				How long				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W. A. Worrall</i>				
						Address <i>North East Md.</i>				
		Accident or Suicide?								





Name  
in  
Full

Ellice Roosevelt Smith - 74 West

CERTIFICATE OF DEATH

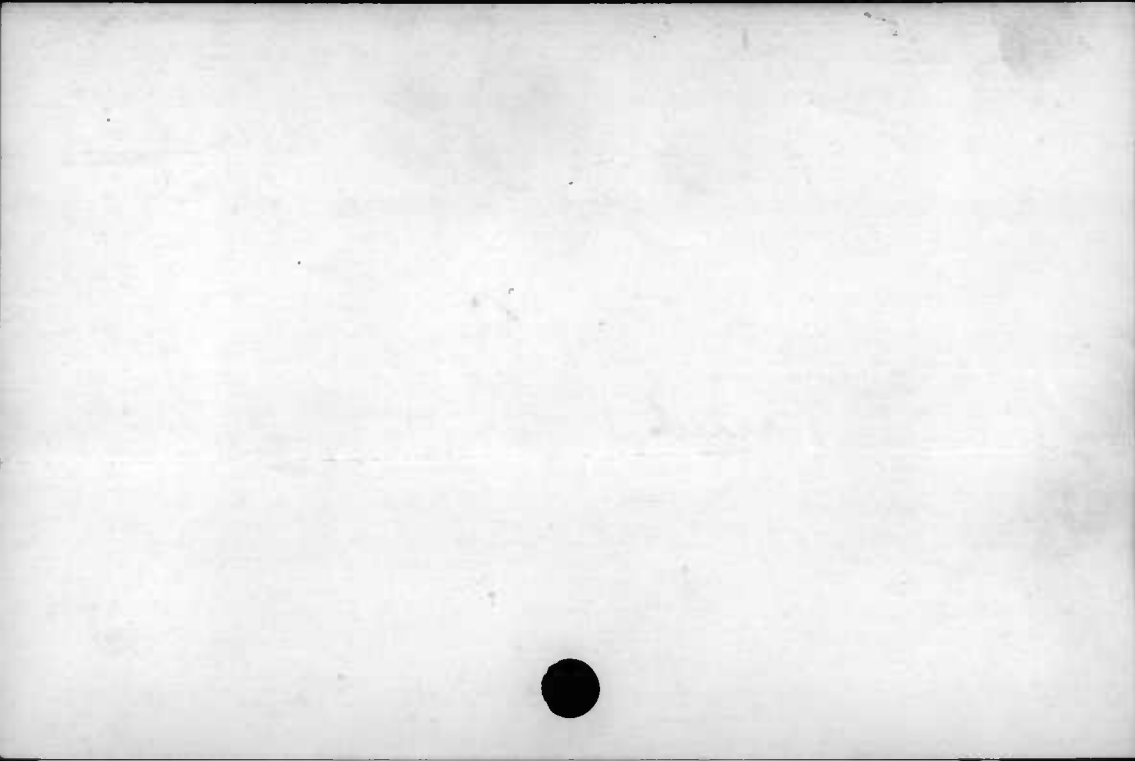
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1905	July	12 <sup>th</sup>		eight	six
Sex	Female		Color or Race	Colored		Birth-place	Rorlandville
Occupation	Infant		Where Residing if not at place of death		<input checked="" type="checkbox"/> At place of death		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Lassius J. Smith					Father's Birthplace	Port Deposit
Mother's Maiden Name	Rachel J. Prigg					Mother's Birthplace	Harford Co.
Name of person giving information	Rachel J. Smith					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Convulsions (Gastro-intestinal)		How long	8 hours
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Ernest Rorland
			Address	Liberty Grove Md
Accident or Suicide?				



Name  
in  
Full

Harold L. Stephens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chields		County Cecil		MARYLAND		
Date of death		1905	Month July	Day 19	Age 9	Years 9	Months 4	Days —
Sex Male		Color or Race White		Birth-place Md				
Occupation School boy		Where Residing if not at place of death		—				
Married, Single or Widowed —		Name of Wife or Husband —						
Father's Name Walter H. Stephens		Father's Birthplace Md						
Mother's Maiden Name Maud L. Clendenin		Mother's Birthplace Pa.						
Name of person giving information W. H. Stephens		How related to deceased Father						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Unknown	How long	2 weeks
Immediate	Pyaemia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. P. Cassies	
yes		Address Cherry Hill	
Accident or Suicide?		Md	

821



Name  
in  
Full

Mary E Ward

## CERTIFICATE OF DEATH

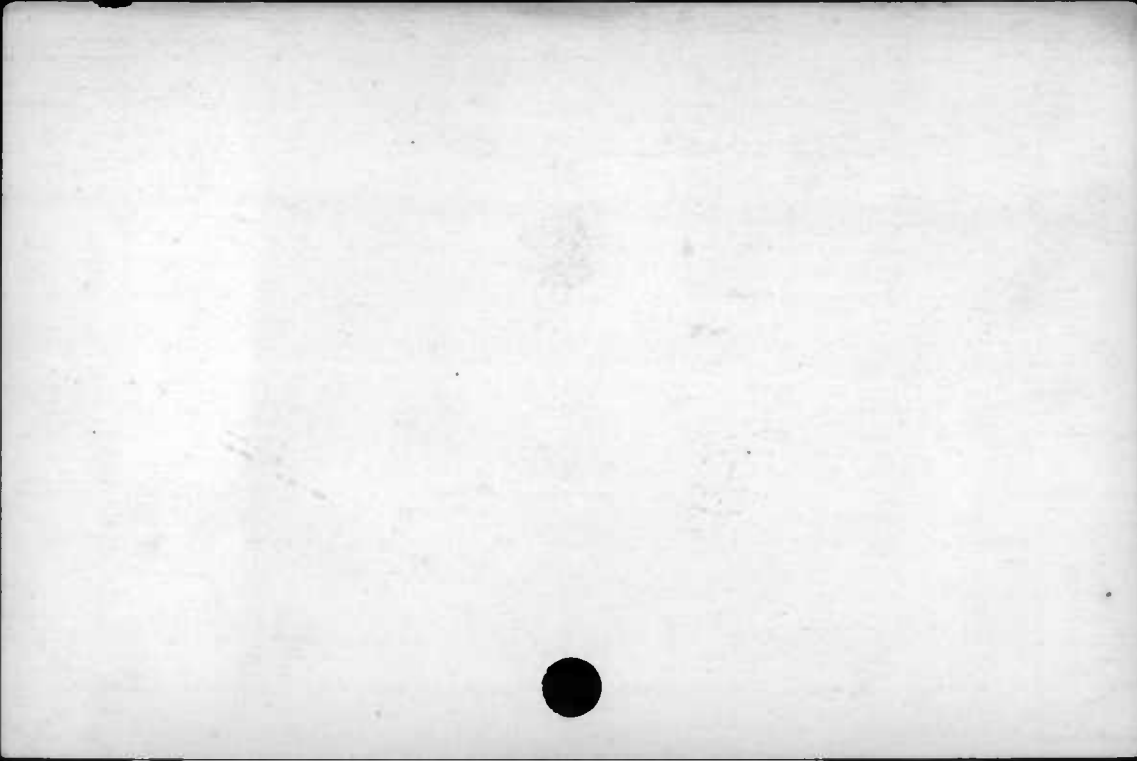
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perryville</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	July	Day	25
Age		75		Years	
Sex	Female	Color or Race	White	Birth-place	Cecil Co
Occupation	Housekeeping		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>Uriah Ward</i>		
Father's Name	<i>Wm Rogers</i>		Father's Birthplace		
Mother's Maiden Name	—		Mother's Birthplace		
Name of person giving information	<i>Emory Ward</i>		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nervous Prostration</i>	How long	<i>short</i>
Immediate	<i>Progressive Cardiac Asthenia</i>	How long	<i>short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. S. Taylor</i>	
		Address <i>Perryville Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

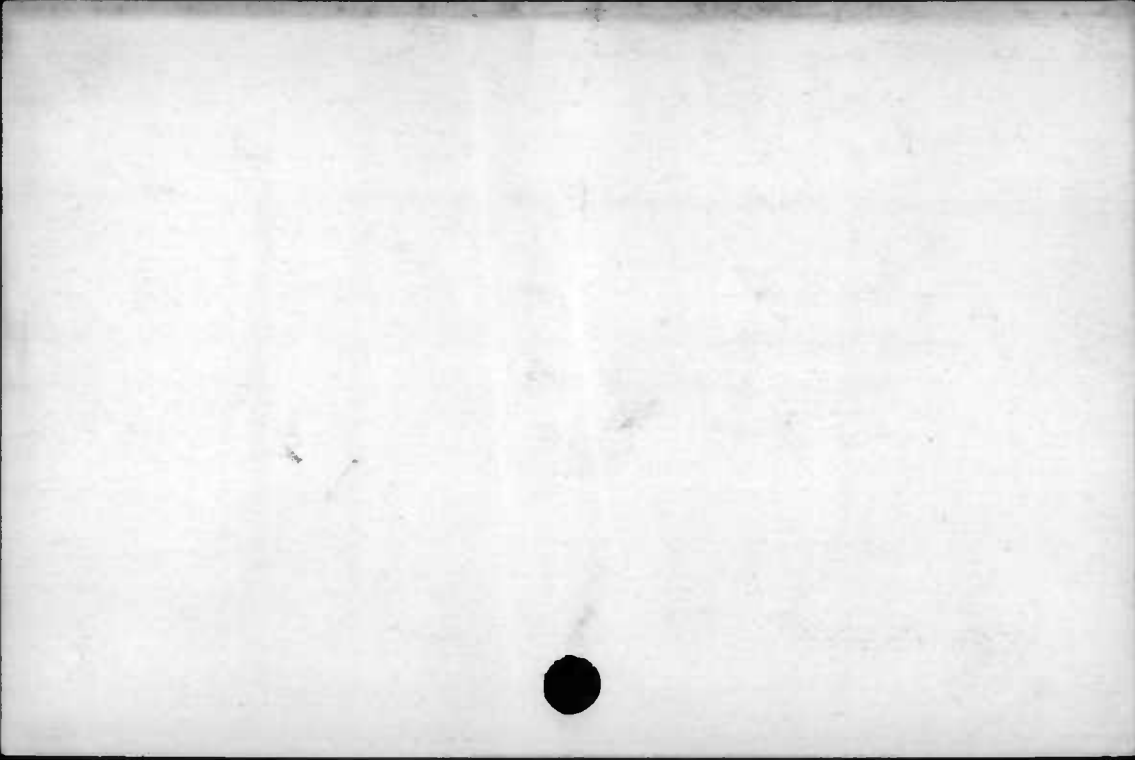
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Cecilton</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>28</i>		Age <i>6-7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>		Months _____ Days _____	
Occupation <i>R R Employee</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charlotte Hard</i>					
Father's Name <i>Thomas Hard</i>		Father's Birthplace <i>Cecil Co.</i>					
Mother's Maiden Name <i>Mary McFane</i>		Mother's Birthplace <i>Del-</i>					
Name of person giving information <i>Wm. Knight Jr</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Gastric Intestinal Catarrh</i>	How long <i>24 Hours</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Brayford</i>
	Address <i>Cecilton</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Romanoff B Waters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit -</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1903-</i>	Month <i>July</i>	Day <i>10</i>	Age <i>64</i>	Years <i>5</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella F O Waters</i>				
Father's Name <i>Dr Wm Elmer Waters</i>	Father's Birthplace				
Mother's Maiden Name <i>Anna Maria Bulser</i>	Mother's Birthplace <i>Baltimore Md</i>				
Name of person giving information <i>Nelson C Waters</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>about 6 months</i>
Immediate <i>Exhaustion</i>	How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W H Channon</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Samuel Warrington 3 Dist

Died at <sup>Town</sup> Near Cherry Hill <sup>County</sup> Cecil

MARYLAND

Date of death 1905 July 18 Age 56 Months — Days —

Sex Male Color or Race White Birth-place New Jersey

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Warrington Father's Birthplace New Jersey

Mother's Maiden Name Lydia Bingham Mother's Birthplace —

Name of person giving information H B Warrington How related to deceased Brother

## CAUSES OF DEATH

Primary Cyophthalmic Goitre - 790 How long 2 or 3 years.  
Aortic Regurgitation

Immediate do not know (not present) How long Died suddenly -

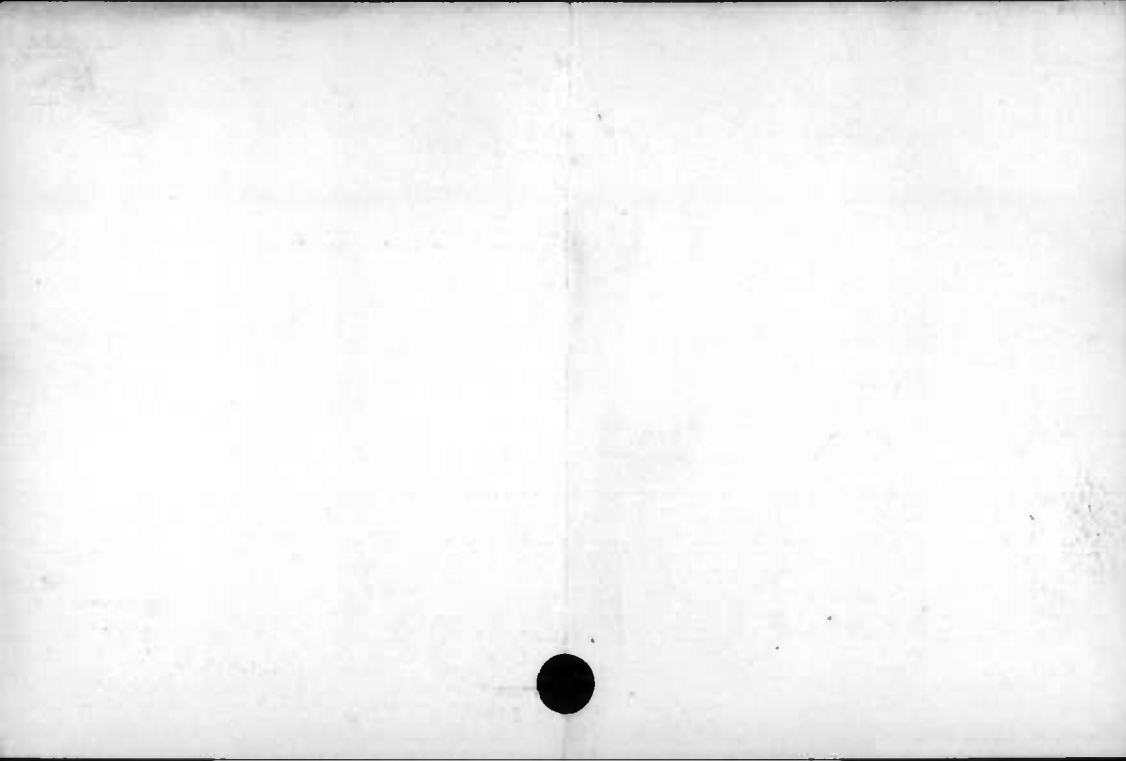
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Howard Brattin  
Eckton Md

Accident or Suicide?



Name  
in  
Full

Vespasian Heath. Watts

80421-1

## CERTIFICATE OF DEATH

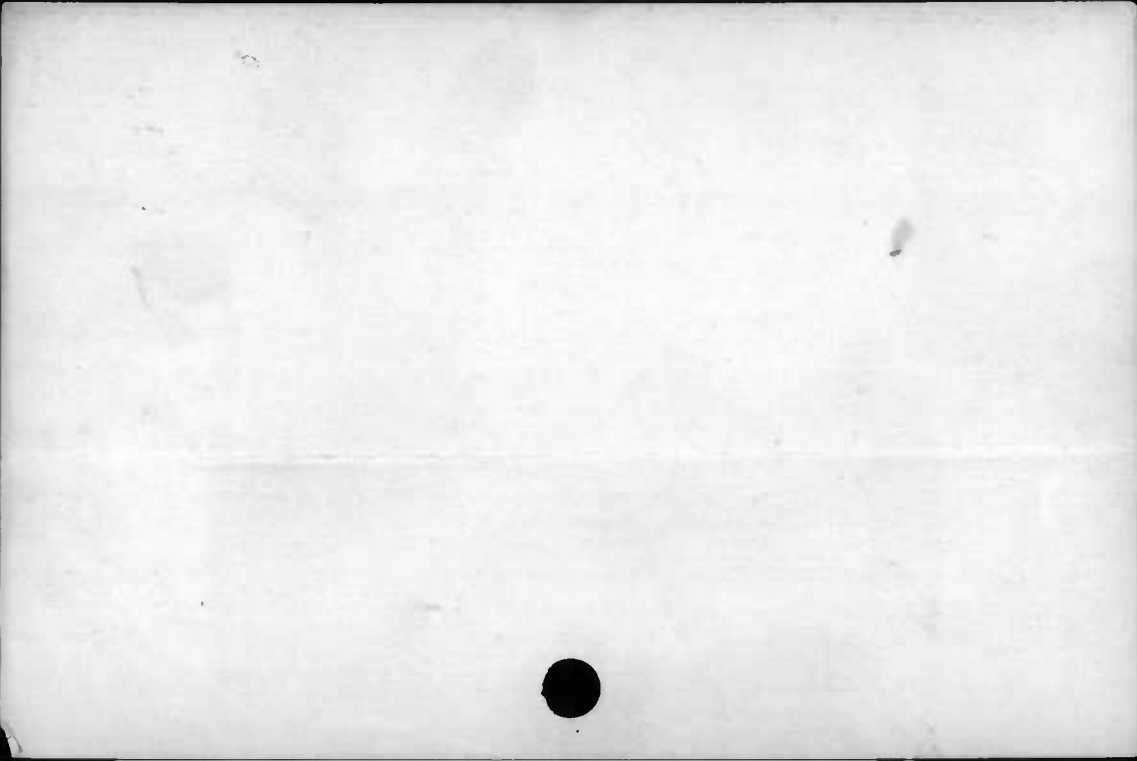
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Oakwood</b> <small>Town</small>		<b>Cecil</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>190</b>	<b>July</b> <small>Month</small>	<b>30</b> <small>Day</small>	<b>66</b> <small>Years</small>	<b>4</b> <small>Months</small>	<b>7</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Darlington Harbor Md</b>		
Occupation <b>Teacher (Retired)</b>	Where Residing if not at place of death _____				
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>Mary A. S. Watts</b>				
Father's Name <b>Vespasian Heath. Watts</b>	Father's Birthplace <b>Annapolis Md</b>			Mother's Birthplace <b>Baltimore Md</b>	
Mother's Maiden Name <b>Amelia Buchanan Armstrong</b>	Name of person giving information <b>Powland. Watts</b>			How related to deceased <b>Son.</b>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Embolism</b>	How long <b>6 weeks</b>
Immediate <b>Acute Gangrene</b>	How long <b>June 26</b> <b>5 July 30</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>S. T. Roman</b>
	Address <b>Bonowingo Maryland</b>
Accident or Suicide? <b>( )</b>	



Name  
in  
Full

William Hynson Holleyhane

CERTIFICATE OF DEATH

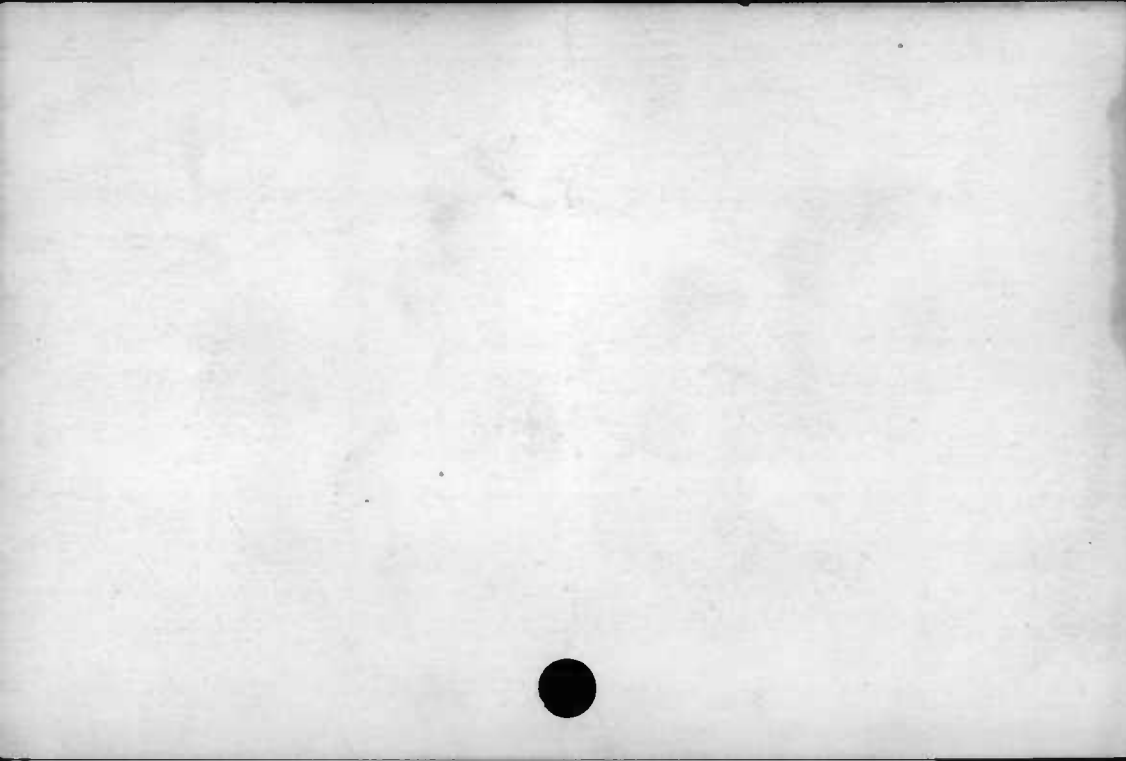
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Harwick		County Loose		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	July	11	0	5	0	
Sex	Male		Color or Race	White American		Birth-place	Near Harwick
Occupation	_____			Where Residing if not at place of death		near Harwick	
Married Single or Widowed			Name of Wife or Husband				
Father's Name				William Hollikan		Father's Birthplace	
Mother's Maiden Name				Annice B Anderson		Mother's Birthplace	
Name of person giving information				William Hollikan		How related to deceased	
						Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Prostration	How long	1 Day
Immediate	Congestion of Brain	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J J Wright	
Address		Harwick Md	
Accident or Suicide?		No	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beallton</i> <sup>Town</sup>		<i>Becl</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905-</i>	<i>7</i> <sup>Month</sup>	<i>5-</i> <sup>Day</sup>	Age <i>65</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Beclinton</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Beclinton</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Levy J Young</i>			
Father's Name <i>Ernsty Bayer</i>			Father's Birthplace <i>Beclinton</i>		
Mother's Maiden Name <i>Sarah Nordine</i>			Mother's Birthplace <i>Beclinton</i>		
Name of person giving information <i>L J Wallace</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebro spinal meningitis</i>	How long <i>61</i> <sup>days</sup>
Immediate	<i>same</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>check 20</i>		Signature of Physician <i>E. H. Crawford</i>
		Address <i>Beclinton Md</i>
Accident or Suicide?		

